

DATE: FEB. 4, 2011

TO: UNITED STATES BANKRUPTCY COURT

ATTN: HONORABLE ROBERT E. GERBER,
UNITED STATES BANKRUPTCY JUDGE

SUBJ.: 183RD OMNIBUS OBJECTION TO CLAIMS
HEARING: (MAR. 1, 2011 @ 9:45 AM)

I Respectfully Submit A Copy
of my SPECIFIC OBJECTIONS to the
183RD OMNIBUS OBJECTION to CLAIMS
to YOUR HONOR. COPIES OF MY
OBJECTIONS AND DOCUMENTATION
THEREOF HAVE ALSO BEEN SUBMITTED
to ALL REQUIRED PERSONS
AND DEPARTMENTS AS REQUESTED
(9 TOTAL MAILINGS AS DOCUMENTED
ON PAGE 2 of my ATTACHED LETTER
to Motors Liquidation Company).

Respectfully,

GORDON HALL

DATE: FEB. 4, 2011
 TO: THE GARDEN CITY GROUP, INC.
 ATTN: Motors Liquidation Company
 Claims processing

SINCE I ORIGINALLY SUBMITTED
 A CLAIM FOR LIFE INS. ON 11/25/2009,
 I HAVE NOW PROCURED AN
 ADDITIONAL DOCUMENT DATED
 JUNE 15, 1998 (IMMEDIATELY AFTER
 MY RETIREMENT), WHICH FURTHER
GUARANTEES, IN WRITING,
CONTINUING LIFE INSURANCE FOR
 THE REST OF MY LIFE AT NO
 COST TO ME. THE VALIDITY
 AND INTENT OF THIS DOCUMENT
CANNOT BE DENIED (EXHIBIT #1).

TO ASSIST YOU IN IDENTIFYING
 THE SPECIFIC CLAIM, I HAVE ALSO
 ENCLOSED THE FOLLOWING:

- From my
 11/25/09
 INITIAL
 CLAIM
- My original claim (11/25/09) for
 CANCELLED LIFE INS.
 - CALCULATION PAGE for LIFE INS. CANCEL. 11/25/09
 - 1998 FLEX ENTITLEMENT SHOWING
 LIFE INS. AMT.
 - 2007 ENTITLEMENT SHOWING
 2 TIMES ANNUAL BASE SAL. OF 78,804

ADDITIONALLY, I HAVE ENCLOSED
THE COVER PAGE OF YOUR RECENT
MAILING (POSTMARKED JAN. 27, 2011),
AND THE SPECIFIC EXHIBIT A
PAGE THAT DOCUMENTS YOUR
DENIAL OF MY CLAIM STATING
"NO LIABILITY". I RESPECTFULLY
SUBMIT TO YOU THAT THE SINGLE
PAGE (EXHIBIT #1 DATED JUNE 15,
1998), CLEARLY AND UNDENIABLY
ESTABLISHES LIABILITY "FOR THE
REST OF MY LIFE", AS DO OTHER DOCUMENTS.

PLEASE CAREFULLY REVIEW ENROLLMENT
STATEMENTS EXHIBIT #1 AND KEEP THE SPECIFIC
GOOD FAITH PROMISE MADE TO ME
BY GENERAL MOTORS CORPORATION
ON JUNE 15, 1998.

Respectfully,

Gordon Hall

C: FILE

- | | |
|-------------------------------------|--|
| ① BANKRUPTCY COURT | ⑥ U.S. DEPT. of TREASURY |
| ② ATTORNEYS FOR DEBTORS | ⑦ ATTYS. for STAT. COMM. of UNSECURED CREDITORS |
| ③ THE DEBTORS of Motors Liq. Co | ⑧ OFFICE OF U.S. TRUSTEE for SOUTHERN DISTRICT OF N.Y. |
| ④ GENERAL MOTORS LLC | ⑨ U.S. ATTORNEYS OFFICE, S.D. N.Y. |
| ⑤ ATTYS. for U.S. DEPT. OF TREASURY | |

Exhibit #1

GM NATIONAL RETIREE SERVICING CENTER

NAO Personnel Administration

P.O. Box 5113

Southfield, Michigan 48086-5113

1-800-828-9236

1-800-872-8682

*NEW DOCUMENT
NOT PREVIOUSLY SUBMITTED,
FURTHER ESTABLISHES
LIABILITY*

June 15, 1998

P G Hall
172 Sheridan Hills Road
Marble, NC 28905

*NOTE (2 TIMES ANNUAL)
BASE WAS
PROMISED SEE
DOCUMENT (2007)
AND (1998)*

Dear P G Hall,

As a retiree of General Motors with 10 or more years of participation in the Life and Disability Benefits Program, you are eligible for Continuing Life insurance.

Our insurance records, as of the date of this letter, show the Continuing Life insurance has now fully reduced to the ultimate amount of \$78,804.00. This ultimate amount will remain in effect for the rest of your life and is provided by General Motors at no cost to you.

IMPORTANT: YOU SHOULD KEEP THIS NOTICE WITH YOUR OTHER VALUABLE PAPERS.

If you have any questions regarding this letter, you may call toll-free, 1-800-828-9236 (Telephone Device for the Deaf 1-800-872-8682), during normal business hours, or write to the address above.

Always include this Social Security number, 243-78-2978, in all your correspondence.

Retiree Servicing Center

UA01

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):

- ☒ Motors Liquidation Company (f/k/a General Motors Corporation)
☐ MLCs, LLC (f/k/a Saturn, LLC)
☐ MLCs Distribution Corporation (f/k/a Saturn Distribution Corporation)
☐ MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)

Case No.

09-50026 (REG)
 09-50027 (REG)
 09-50028 (REG)
 09-13558 (REG)

Your Claim is Scheduled As Follows:

Ag. DOF 4
 11/25/09

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): GORDON HALL

Name and address where notices should be sent:

GORDON HALL
172 SHERIDAN HILLS RD.
MARBLE, N.C. 28905

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Telephone number: 828-835-9420

Email Address: GORDEI@VERIZON.NET

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ 147,608

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: VALUE OF CANCELLED BASIC LIFE INSURANCE

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 2978

3a. Debtor may have scheduled account as: _____

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other

Describe: _____
 Value of Property: \$ _____ Annual Interest Rate: %

Amount of arrearage and other charges as of time case filed included in secured claim. If any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (u)(1)(B).

☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -- 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units -- 11 U.S.C. § 507(a)(8).

☐ Value of goods received by the Debtor within 20 days before the date of commencement of the case -- 11 U.S.C. § 507(a)(9) (B).
 Other: Specify applicable paragraph of 11 U.S.C. § 507(a) _____

Amount entitled to priority: _____

* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

FOR COURT USE ONLY

Date: 11/25/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of _____ of attorney, if any.

P. Gordon Hall (GM RECORDS MAY NOW APPEAR AS GORDAN HALL)

Penalty for presenting fraudulent claim: Fine of up to \$700,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 132 and 3571. Modified B10 (GCG) (12/08)

* THESE 4 PGS. ARE
 FROM MY ORIG. CLAIM
 DATED 11/25/09
 REFERENCE

SUMMARY PAGE (Supporting Documents Attached)Pg. ② of 4
11/25/06LIFE INSURANCE LOSS CALCULATION2X ANNUALIZED SALARY AT RETIREMENT
WHICH IS \$78,804 X 2 =

\$157608.00

LESS CURRENT AMT. OF COMPANY
PROVIDED LIFE INS.10000.00VALUE OF LOST LIFE INS \$147608.002 ATTACHMENTS:

- 1998 GM FLEX HEALTH CARE ENROLLMENT WHICH ALSO SHOWS LIFE INS. AMOUNT (\$159,200)
- 2007 GM ANNUAL HEALTH CARE ENROLLMENT WHICH ALSO SHOWS LIFE INS. AMOUNT OF 2X ANNUAL BASE SALARY OF \$78804.00

Name: P G HALL
SSN: ~~XXXX~~-2978
Date of Birth: 02/14/47
JM Service Date: 07/21/65
Annual Pay Rate: \$79,560.00
Pay CISCO: 10001

(GORDON HALL)

PG. 3 OF 4
11/25/09

1998 GYM FLEX
HEALTH CARE ENROLLMENT

Current Coverage

Medical: *100D Kaiser Permanente
-Employee and spouse
Dental: *01 Traditional Dental Plan
-Employee and spouse
Vision: 1 Vision Plan
-Employee and spouse
Health Care Spending Account: \$0.00
Dependent Care Spending Account: \$0.00
Supplemental Extended Disability: No coverage
Employee Life Insurance: \$159,200
Spouse Life Insurance: No coverage
Child Life Insurance: \$10,000
Employee Personal Accident: \$50,000
Spouse Personal Accident: \$50,000
Child Personal Accident: No coverage

(2 TIMES BASE SALARY)

* If you relocate you may not be eligible to continue with this coverage option.

Benefit Dollars

Family Status Categories and Prices

	1-You only	2-You and your spouse	3-You and your children	4-You and your family	0-No coverage
Medical	\$1,764.00	\$3,528.00	\$3,048.00	\$4,812.00	\$504.00
Dental	\$192.00	\$192.00	\$192.00	\$192.00	\$192.00
Vision	\$48.00	\$48.00	\$48.00	\$48.00	\$48.00
Employee Life	<u>\$611.28</u>	<u>\$611.28</u>	<u>\$611.28</u>	<u>\$611.28</u>	<u>\$611.28</u>
Total Benefit Dollars	\$2,615.28	\$4,379.28	\$3,899.28	\$5,663.28	\$1,355.28

2007 ANNUAL ENROLLMENT

4.GM-H-501B ENV# GM10015096001001333

P. G. HALL (Gordon Hall)
 172 SHERIDAN HILLS RD.
 MARBLE, NC 28905

- Review your benefit elections and dependent information in this **PERSONAL FACT SHEET** carefully.
- To make changes to your benefit elections for 2007, follow the **ENROLLMENT INSTRUCTIONS** on the next page.
- If you do not make changes during the enrollment period, this **PERSONAL FACT SHEET** will serve as your confirmation statement.

Dear P. G. HALL:

Enrollment Period: October 19–November 2, 2006

This **PERSONAL FACT SHEET** shows your 2007 benefit elections and the contribution amounts for each option. Remember, if you do not make any changes during the enrollment period, this **PERSONAL FACT SHEET** will serve as your confirmation statement.

Each year you have the opportunity to review and change certain benefit elections based on your current needs. At the close of this enrollment period, you cannot change your 2007 benefit elections, except in the case of a qualified life event change.

In addition to your **PERSONAL FACT SHEET**, the enclosed newsletter highlights changes for 2007. Please review these materials carefully when making your benefit enrollment decisions. Additionally, a detailed Health Care Resource Guide is available for review online in the **Reference Library** by clicking the **Enroll Now** icon on gmbenefits.com, or by calling the GM Benefits & Services Center.

Your current medical option will no longer be available to you. Unless you elect to enroll in a new medical plan during this enrollment period, you will be defaulted into Enhanced PPO (BCBS-US-RS) as shown below.

YOUR CURRENT ELECTIONS WITH 2007 CONTRIBUTION AMOUNTS

This statement reflects your personal information as of September 25, 2006.

Plan	Option	Family Status/ Coverage Volume	Volume	Your 2007 Monthly Contribution After-Tax	
Medical	Enhanced PPO (BCBS-US-RS)	Self + Spouse/ Domestic Partner	9.4	\$110.00	✓
Extended Care Coverage (ECC)	Extended Care Coverage	Self + Spouse/ Domestic Partner	14	\$14.00	✓
Dental	Traditional Delta Dental	Self + Spouse/ Domestic Partner	15	\$15.00	✓
Vision	Cole Managed Vision (S)	Self + Spouse/ Domestic Partner	2	\$2.00	✓
* Basic Life Insurance	2 X Annual Base Salary	OF \$78,804	0	\$0.00	✓
Dependent Life Insurance – Child		\$10,000	0.80	\$0.80	NONE
TOTAL MONTHLY CONTRIBUTIONS				\$141.80	

Note: The (S) or (RS) after a benefit option is used for administrative purposes only.

Note: If applicable, you may decrease or cancel your contributory life insurance coverages; however, you may not increase your coverage or enroll in new coverage.

HEARING DATE AND TIME: March 1, 2011 at 9:45 a.m. (Eastern Time)
RESPONSE DEADLINE: February 22, 2011 at 4:00 p.m. (Eastern Time)

PLEASE CAREFULLY REVIEW THIS OBJECTION AND THE ATTACHMENTS
HERETO TO DETERMINE WHETHER THIS OBJECTION
AFFECTS YOUR CLAIM(S)

Harvey R. Miller
Stephen Karotkin
Joseph H. Smolinsky
WEIL, GOTSHAL & MANGES LLP
767 Fifth Avenue
New York, New York 10153
Telephone: (212) 310-8000
Facsimile: (212) 310-8007

* THESE 2 PAGES ARE
from your most
RECENT MAILING
POSTMARKED JAN. 27, 2011

Attorneys for Debtors
and Debtors in Possession

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re	:	Chapter 11 Case No.
MOTORS LIQUIDATION COMPANY, et al.,	:	09-50026 (REG)
f/k/a General Motors Corp., et al.	:	
Debtors.	:	(Jointly Administered)

NOTICE OF DEBTORS' 183rd OMNIBUS OBJECTION TO CLAIMS
(Welfare Benefits Claims of Retired and Former Salaried and Executive Employees)

PLEASE TAKE NOTICE that on January 26, 2011, Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors, as debtors in possession (the "Debtors"), filed their 183rd omnibus objection to expunge certain compensation and welfare benefits claims of retired and former salaried and executive employees (the "183rd Omnibus Objection to Claims"), and that a hearing (the "Hearing") to consider the 183rd Omnibus Objection to Claims will be held before the Honorable Robert E. Gerber, United States

(2)

183rd Omnibus Objection

Exhibit A

FROM JAN. 27, 2011
MAILINGMotors Liquidation Company, et al.
Case No. 09-50026 (REG), Jointly Administered

CLAIMS TO BE DISALLOWED AND EXPUNGED

Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)	Grounds For Objection	Objection Page Reference
FREEMAN CARL L 1031 PARKERS FORT GREENSBORO, GA 30642	45954	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$897,720.00 (U) \$897,720.00 (T)	No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
FREEMAN CARL L 1031 PARKERS FORT GREENSBORO, GA 30642	45955	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$217,000.00 (U) \$217,000.00 (T)	No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
FRENCH, ANTHONY S 4300 WARD DR MOREHEAD CITY, NC 28557	62684	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$69,090.00 (U) \$69,090.00 (T)	No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
GEORGE W BAUMANN JR 2290 HEMMETER ROAD SAGINAW, MI 48603	61094	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$80,045.00 (U) \$80,045.00 (T)	No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
GORDON HALL 172 SHERIDAN HILLS ROAD MARBLE, NC 28905	63670	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$147,608.00 (U) \$147,608.00 (T)	No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
HAROLD ARMSTRONG 785 FOX RIVER DRIVE BLOOMFIELD HILLS, MI 48304	64071	Motors Liquidation Company	\$0.00 (S) \$0.00 (A) \$0.00 (P) \$890,471.00 (U) \$890,471.00 (T)	No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5

(1) In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".

(2) Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.